



**CITY OF ANNAPOLIS
PURCHASING DEPARTMENT
93 MAIN STREET, THIRD FLOOR
ANNAPOLIS, MD 21401**

410-263-7944 - 410-263-8120 (FAX) 410-263-7943 (TDD)
BIDDER'S APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION

1. VENDOR'S NAME _____
BUSINESS ADDRESS _____
CITY/STATE/ZIP CODE _____
TELEPHONE NO. _____ FAX NO. _____ E-MAIL _____
CONTACT PERSON _____ DATE OF APPLICATION _____
FEDERAL ID # OR SOCIAL SECURITY # _____
DATE BUSINESS ESTABLISHED _____
2. TYPE OF ORGANIZATION (CIRCLE ONE)
SOLE PROPRIETOR PARTNERSHIP NON-PROFIT CORPORATION
3. DOES ANY EMPLOYEE OF THE CITY OF ANNAPOLIS HAVE A FINANCIAL INTEREST, SOLELY OR
PARTIALLY IN THIS COMPANY? (CIRCLE ONE) YES NO
IF YES, STATE NATURE OF INTEREST HELD _____

4. TYPE OF BUSINESS - PLEASE DESCRIBE
COMMODITY _____
SERVICE _____
5. IS THIS A SMALL BUSINESS ENTERPRISE? (CIRCLE ONE) YES NO
NUMBER OF EMPLOYEES _____ ANNUAL GROSS SALES _____
6. IS THIS A MINORITY FIRM? (CIRCLE ONE) YES NO
AFRICAN AMERICAN _____ AMERICAN INDIAN _____ HISPANIC _____ ASIAN _____
WOMAN OWNED _____ HANDICAPPED _____ HASIDIC JEW _____
7. REFERENCES NAME ADDRESS TELEPHONE NO.

ASSIGNED VENDOR #

FOR OFFICE USE ONLY

CERTIFICATION

I CERTIFY THAT THE INFORMATION SHOWN ON THIS APPLICATION IS CORRECT AND THAT THE CITY OF ANNAPOLIS WILL BE ADVISED IMMEDIATELY OF ANY CHANGES AFFECTING THIS DATA.

PRINT NAME

TITLE OF AUTHORIZED OFFICIAL

SIGNATURE

DATE

MINORITY BUSINESS ENTERPRISE CERTIFICATION

I CERTIFY THAT _____(COMPANY NAME) IS A BONA FIDE MINORITY OR WOMAN-OWNED BUSINESS, AND THAT AT LEAST 51% OF THE ABOVE NAMED BUSINESS IS OWNED BY MINORITY GROUP MEMBERS; OR IN CASE OF A PUBLICLY OWNED BUSINESS, AT LEAST 51% OF THE STOCK IS OWNED BY MINORITY GROUP MEMBERS. IS YOUR COMPANY A GOVERNMENTALLY CERTIFIED MINORITY BUSINESS ENTERPRISE? (CIRCLE ONE) YES NO

PRINT NAME

TITLE OF AUTHORIZED OFFICIAL

SIGNATURE

DATE